

medical confirmation form.



date issued: / /

Gas account holder details

Below, please enter your **Meter Installation Registration Number** (MIRN).

This unique 11-digit number is assigned to your gas service by the gas network, and identifies your gas delivery point.

You'll find your **MIRN** on your gas bill.

MIRN:

Next, please give the date **from which** supply of gas is required for life support equipment:

date required: / /

Please enter your details:

name: _____

address: _____

postcode:

phone: _____

email: _____

Are you also the person requiring gas-fuelled life support equipment?

Yes / No _____

If no, please provide that person's details below.

name: _____

address: _____

postcode:

phone: _____

email: _____

***Other equipment** may include the following:

- External heart pumps.
- Respirators and iron lungs.
- Suction pumps (respiratory or gastric).
- Feeding pumps.
- Insulin pumps.
- Airbed vibrators.
- Medically required hot water.
- Nebulisers, humidifiers or vaporisers.
- Apnoea monitors.
- Medically required heating and air conditioning.
- Medically required refrigeration.
- Powered wheelchairs.

Medical confirmation

This section must be completed by a Registered Medical Practitioner.

Registered Medical Practitioner name: _____

address: _____

postcode:

medical registration number: _____

phone: _____

email: _____

stamp (if available):

I certify that _____
(name of person who requires the gas-fuelled life support equipment) has a medical condition and require life support equipment at the address specified on this form which requires continuous access to a **gas supply** from the date:

date required: / /

The required life support equipment is (please tick):

- Oxygen concentrator.
- Intermittent peritoneal dialysis machines.
- Kidney dialysis machines.
- Continuous positive airways pressure respirators.
- Crigler-Najjar syndrome phototherapy equipment.
- Life support ventilators.
- other equipment*** (please detail)

signed by registered medical practitioner: _____

date signed: / /

medical confirmation form.



Account holder declaration

I hereby declare that:

1. All information provided on this form is, to the best of my knowledge and belief, true, accurate and not misleading.
2. will notify APA if gas-fuelled life support equipment is no longer required at the supply address.
3. I will notify APA of any changes to the contact details specified on the form.
4. I consent to APA providing information to the gas retailer and relevant government agencies for purposes related to this gas-fuelled life support equipment application.
5. I acknowledge that registering for gas-fuelled life support equipment does not guarantee supply and in particular the gas supply will still be subject to interruptions due to storms, accidents or other circumstances beyond APA's control.

signed by account holder:

date signed:

D	D	/	M	M	/	Y	Y	Y	Y
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Please return this completed form to APA before:

reply required before:

D	D	/	M	M	/	Y	Y	Y	Y
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Important information:

- The completion and return of the form to APA will satisfy the requirement to provide medical confirmation under the National Energy Retail Rules.
- If you require an extension of time to complete and return the Medical Confirmation Form, please contact us on **1300 001 001** to arrange.
- If you fail to provide the Medical Confirmation Form within the required timeframe, your premises may be deregistered.

Privacy notice

By completing and returning this form to us, you consent and agree to APA collecting, managing and disclosing the personal information you have provided to us in accordance with the Privacy Act 1988 (Cth) and our Privacy Policy (as amended from time to time). Our Privacy Policy and detailed privacy statements are available at apa.com.au/privacy.

Please contact us to request a paper copy of the Privacy Policy.

To return this form

Sign the form and return to us in the reply-paid envelope we sent you, or scan and email it to:

apagaslifesupport@apa.com.au before the date requested.

Timeframe for completing this form

You must return the completed medical confirmation form within 50 business days of date in which we dispatched the information pack to you.

Note: the life support registration is temporary until medical confirmation is received.

Failure to provide the medical confirmation may result in deregistration.

You will be provided five (5) opportunities to provide us with the completed medical confirmation form.

The National Energy Retail Rules require us to provide you with two (2) reminder notices before the de-energisation process can commence.

Notice periods

- first reminder notice (shall be provided no less than 15 business days from the date the information pack was issued)
- second reminder notice (shall be provided no less than 15 business days from the date the first reminder notice was issued)
- at least one (1) extension of a minimum of 25 business days if requested by the customer (at any time during the process, not necessarily in this sequence)
- deregistration notice (to be provided no less than 15 business days from the date the second reminder notice was issued).